



Texas Department of Agriculture
SPCS Business Change Form

SPC-001

TODD STAPLES, COMMISSIONER

SECTION A	¹ VERIFICATION INFORMATION			
	Full Legal Business Name			
	TDA Client No.		TDA License No. (TPCL)	

Please provide **only** the information below that has changed.

SECTION B	¹ APPLICANT INFORMATION			
	Full Legal Business Name (owner's name if sole proprietor – no aliases)			
	DBA (if applicable)			

SECTION C	¹ CHANGE OF OWNERSHIP			
	If the tax identification number of your business has changed, a new application and fee is required. A new tax identification number indicates a change in ownership and the license does not transfer.			
	² RESPONSIBLE PARTY (OWNER, PRESIDENT, CEO, ETC.)			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	M. I.	Last Name
	<input type="checkbox"/> Ms. <input type="checkbox"/> _____			
	Phone No. () - Ext.		E-mail	
	³ RESPONSIBLE PERSON MAILING ADDRESS			
Address				
City		State	Zip	County

Send completed form to:

spcslicensing@texasagriculture.gov

or

FAX 1-800-909-8534

This application becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 522.021, 522.023, and 559.004.)

SECTION D	¹ PERSON TO CONTACT FOR LICENSE-RELATED MATTERS			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____	First Name	M. I.	Last Name
	Title		Primary Phone () - Ext.	
	Secondary Phone (optional) () - Ext.		Fax (optional) () - Ext.	
	E-mail Address			
	Important Note I understand that my email address is required for the Texas Department of Agriculture to keep me informed of critical information, including licensing and regulatory updates; renewal invoices; and other important communications. Failure to provide an email address may result in my not receiving time-sensitive information that could affect my compliance with state regulations, thereby, resulting in monetary penalties.			
	² MAILING ADDRESS			
Address				
City		State	Zip	County

SECTION E	¹ FACILITY INFORMATION			
	Facility Name			
	² PHYSICAL ADDRESS OF LOCATION OF LICENSEE, LICENSED ACTIVITIES OR EQUIPMENT			
	Address (No P.O. Box)			
	City	State	Zip	County
Directions to Physical Location if address above is difficult to find				

SECTION F	¹ SIGNATURE	
	By submitting changes to licensing information, the person submitting the changes certifies that he or she is authorized to make such changes on behalf of the licensee and that all information provided is true and correct to the best of the person's knowledge. Any misrepresentation or false statement made by the licensee or the licensee's authorized representative in connection with such changes, whether intentional or not, may result in denial, revocation, or non-renewal of any affected license and/or assessment of monetary administrative penalties.	
	Applicant Name (print)	Title
	Applicant Signature	Date (mm/dd/yyyy) / /